

DCFS DOMESTIC VIOLENCE TREATMENT INFORMATION

Attachment G-2 FY2016

| | |
|-------------------------------|-------------------------|
| PROVIDER I.D. _____ | REPORT FOR _____, _____ |
| | (Month) (Year) |
| PROVIDER NAME: _____ | CONTRACT # _____ |
| PERSON COMPLETING FORM: _____ | DIRECTOR: _____ |

Number of New Clients Opened for Individual/Group Treatment during the Month

| | | | | | |
|---|--|--------------------|--|---------------|--|
| # Of Perpetrators | | # Of Adult Victims | | # Of Children | |
| Number of Court Ordered Perpetrators Opened for Treatment Services: | | | | | |

Number of Clients Funded through DCFS Contract

| | | | | | |
|-------------------|--|--------------------|--|---------------|--|
| # Of Perpetrators | | # Of Adult Victims | | # Of Children | |
|-------------------|--|--------------------|--|---------------|--|

Number of Clients not admitted due to lack of DCFS Funding

| | | | | | |
|-------------------|--|--------------------|--|---------------|--|
| # Of Perpetrators | | # Of Adult Victims | | # Of Children | |
|-------------------|--|--------------------|--|---------------|--|

Number of Individual Sessions

| | | | | | |
|-------------------|--|--------------------|--|---------------|--|
| # Of Perpetrators | | # Of Adult Victims | | # Of Children | |
|-------------------|--|--------------------|--|---------------|--|

Number of Group Sessions

| | | | | | |
|-------------------|--|--------------------|--|---------------|--|
| # Of Perpetrators | | # Of Adult Victims | | # Of Children | |
|-------------------|--|--------------------|--|---------------|--|

Number of Individuals attending Group Sessions

| | | | | | |
|-------------------|--|--------------------|--|---------------|--|
| # Of Perpetrators | | # Of Adult Victims | | # Of Children | |
|-------------------|--|--------------------|--|---------------|--|

FORMS WILL BE COMPLETED BY THE 15TH OF EACH MONTH AND COPIES SENT TO:

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